Harmony Supported Living Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Harmony Supported Living Limited took place on 12 July 2018.

Harmony Supported Living Limited provides support to adults with learning disabilities and enduring mental health needs, living in their own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 11 people were receiving support from the registered provider, three of which were receiving personal care.

We previously inspected the service on 8 August 2017. The service was rated as 'requires improvement' in three of the five key questions and overall, and as 'good' in the key questions of caring and responsive. There were no breaches of regulation identified on the previous inspection. On this visit, we checked to see if improvements had been made.

At the time of our inspection the service did not have a registered manager. The last registered manager had left in March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was currently being managed by the nominated individual who had also applied to become the registered manager.

Although people told us they felt safe, we found aspects of the service that were not safe.

Staff recruitment was not robust, a declaration on a job application form had not been followed up at interview and two staff recruitment files did not contain a reference from the previous/last employer and one recruitment file only had one reference.

People were not protected against the risks associated with the administration of medicines as this was not always carried out in a safe way. 'As required' PRN medicine protocols were not in place. Some staff had not received annual medicine competency assessments.

Accidents and incidents were recorded correctly and the operations manager had oversight of them.

Sufficient staff were deployed to meet people's needs. Staff received induction training. Staff new to caring were required to complete the Care Certificate.

Staff had not received regular support, training, supervision or appraisal assessments of their performance.

Records showed people had seen a range of healthcare professionals, such as GPs, community mental

health teams and podiatrists, to meet their wider health needs.

The service was compliant with the Mental Capacity Act 2005.

People were supported to remain independent and maintain relationships with people that matter. People told us they had access to a range of activities.

People's support plans were not regularly updated. However, changes to support requirements were discussed at staff meetings.

People and their relatives felt confident how to complain if they needed to. No complaints had been made by people or relatives since the last inspection in August 2017.

Regular audits were not in place to monitor the safety and quality or the service.

People and their relatives had not had opportunities to provide feedback about the service.

Staff attended regular team meetings.

This is the second time the service has been rated requires improvement. We have also identified breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Robust recruitment procedures were not in place.

Medicines were not always managed safely.

People told us they felt safe and sufficient numbers of staff were deployed to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not given the opportunity to attend refresher training, regular supervision and annual appraisals.

People were supported to access healthcare services and staff worked in partnership with healthcare professionals to people received effective care.

People were supported to make decisions and staff worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

We saw positive interactions between and staff and people who used the service.

Staff understood how to treat people with dignity and respect and were confident people received good care

People were supported to retain their independence and encouraged to learn life skills.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support plans were not regularly reviewed.

We saw and records showed, people took part in activities in the service and out in the community.

No complaints had been made about the service by people and their relatives. People told us they felt confident to go the nominated individual or other staff if they had a problem.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A comprehensive system of audit was not in place to identifying concerns and drive service improvements.

People and their relatives did not have opportunities to provide feedback about their experience of the service.

Feedback about the nominated individual and operations manager was positive.

Harmony Supported Living Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be able to support us with our inspection. The inspection was carried out by one adult social care inspector.

Prior to our inspection we reviewed all the information we held about the service. We contacted the local authority commissioning and monitoring team, Healthwatch Barnsley, the infection control team, the fire service and reviewed all the safeguarding information regarding the service.

We did not ask the provider to complete a Provider Information Return. This form provides key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time looking at two people's care and support records. We also looked at two records relating to recruitment, staff training and supervision records, incident records and various documents relating to the service's quality assurance systems.

We spoke with the nominated individual, operations manager and two support workers. We spoke with three people in their own homes and one relative.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Safe. Yes, I feel safe." Another person said, "I feel pretty safe." A relative told us, "My [relative] feels safe and not threatened."

At the last inspection in August 2017 we identified one member of staff had not been recruited in a safe way as documents and information were not in place. At this inspection we found insufficient improvements had been made to resolve our concerns.

We looked at the recruitment files for two members of staff. We found these contained an application form, interview records and personal identity checks. We saw Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. However, we found one staff member had made a declaration on the job application form that had not been followed up at interview. We saw one file only had one employment reference and neither file contained a reference from the present/last employer. We raised this with the operations manager at the time of inspection; they assured us the declaration had been followed up in the days after the interview but could not provide documentary evidence. They further told us they had been unable to obtain a reference from the present/last employer as the employer had not responded to the request and an alternative reference had been sought for one person and a repeat reference request had been applied for the other person.

These examples demonstrated a breach of regulation 19 (2) (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff recruitment procedures were not robust.

We looked at the management of medicines are found this not always safe.

Most people who used the service were supplied with one week's supply of medicines in a monitored dosage system (MDS) which they were then able to manage independently. A MDS is where medicines for a person for each time of day are dispensed by the pharmacist into individual trays in separate compartments. Staff told us they were responsible for ordering and collecting people's medicines which they would then give to some people to self-administer on a weekly basis.

Some people required support to manage their medicines safely. Staff told us they would verbally prompt people or ask if they had remembered to take their medicines. We saw some people received their prescribed medicines in a blister pack which staff would administer. We saw people routinely come to the office to receive their medicines. We stock checked two people's medicines and found one person's medicine was not accurate as the blister pack contained 19 tablets when there should have been 18 tablets. This meant people may not have received their medicine as prescribed.

We looked at the administration of controlled drugs (CD) which are liable to misuse and found the

management of this was not safe. We stock checked two people's CDs and found one CD was not accurate as there was a significant discrepancy between the recorded number and actual number of tablets. We also found one box of 28 tablets contained 56 tablets.

We saw staff recorded the administration of CDs in the CD register but these were not double signed. Current NICE (National Institute for Clinical Excellence) guidelines for controlled drugs, safe use and management, advises 'records of administration for controlled drugs include the following: A person who witnesses controlled drugs related activities such as administration'. We raised this with the operation manager who told us staff who administered CDs were sometimes working alone and unable to obtain a second signature. However, we saw some CDs were administered during the day time and noted these instances were not double signed. This meant systems and processes for the administration of CDs did not conform to NICE guidelines.

At the last inspection in August 2017 we made a recommendation the registered manager seek advice and guidance regarding the safe and effective management of 'as required' PRN medicines. At this inspection we found insufficient improvements had been made to resolve our concerns.

Protocols for the use of medicines prescribed for use PRN were not always in place. For example, one person had been prescribed a PRN medicine but there was no PRN protocol in place or sufficient guidance for staff as to when this should be offered. This meant there were no guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

Staff who were responsible for the administration of medicines told us they had their competency assessed through an annual review. We looked at the medicine competency assessments for two members of staff and saw neither were in date. For example, one member of staff had a medicine competency in April 2017 and another member of staff in May 2017. Good practice guidelines published by NICE states, 'Managing medicines for adults receiving social care in the community suggest social care providers should ensure staff have an annual review of their knowledge, skills and competencies'. We brought this to the attention of the operations manager.

We raised our concerns with the operations manager who told us they had very recently carried out a full review of medicine management and were already aware of some of the concerns we had raised. They further told us medicine management formed part of their operational action plan.

We concluded the management of medicines was not carried out in a safe way. This is a breach of regulation 12 (2)(g); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with demonstrated good understanding of people's needs and how best to support them to promote and maintain their safety. We observed the care and support provided to people who use the service and saw they acted in a way which showed us they felt safe and at ease in staff's company. We saw people engaged confidentiality with staff and reacted positively towards them. This showed us people felt safe with the support staff provided.

Staff we spoke with told us and records confirmed they had undertaken safeguarding training. Staff could demonstrate their understanding of the training they had received and knew what their role was in safeguarding the people they support. Staff were clear about the processes they would follow and who they would report any concerns to.

Risks to individual people were documented and staff understood how to support people whilst enabling

them and encouraging them to keep themselves safe. Risk assessments were detailed and contained clear directions for staff to ensure risk was managed well.

The service had a whistleblowing policy in place. Staff we spoke with knew how to raise concerns, should the need arise. One person told us, "I'd go direct to the managers and say my piece." They further told us they were certain things would be acted upon by the managers.

A record was kept of accidents and incidents involving people who used the service. The records contained detailed information about what had happened and how staff had responded to keep the person safe. We found these had been managed and reviewed appropriately.

The service employed enough staff to meet people's assessed support needs. People and a relative we spoke with did not raise any concerns regarding the number of staff employed by the service. A relative told us, "I have no concerns with staffing levels. I couldn't ask for more support than what [Name] gets now."

The provider told us they did not use agency staff as staff members would cover shifts in the event of staff absence and this practice was confirmed by staff we spoke with. One staff member told us, "If someone is off sick there is always staff available to cover the slot." They further commented, "It is a supportive environment within the team."

We asked the nominated individual how the service learned lessons when things went wrong. They told us a review was carried out in response to accidents and incidents which the management then then addressed through action planning. This was analysed and shared back to staff individually and as part of team meetings.

Requires Improvement

Is the service effective?

Our findings

People who used the service and a relative we spoke with provided positive feedback about the staff who supported them. Comments included, "I've someone every day to help", "Staff are skilled to help" and "Staff are helpful." A relative of a person who used the service told us, "Staff encourage [name] all the time."

We observed staff provided effective care and support throughout our inspection. We saw staff were knowledgeable about people's individual needs, skilled and experienced in how best to support them.

During our inspection we spoke with members of staff and looked at staff files to access how staff were supported to fulfil their roles and responsibilities. We asked a member of staff if they received regular supervision. They told us they had received supervision but could not recall when the last time was. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The nominated individual and operations manager told us staff received supervision every four to six weeks. When we looked in staff files we saw staff supervision was infrequent during 2017 and had not been held during 2018. For example, one staff member had started at the service in October 2016 and had received supervision in March and June 2017 and not received supervision in 2018. This meant staff were not given regular opportunity to discuss their learning, personal development and training requirements.

We saw the registered provider had an annual appraisal policy in place. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We looked at two staff files and saw one who had started at the service in October 2016 had no appraisal on file and another staff member had last had an appraisal in October 2014. We raised this with the operations manager who told us they were in the process of developing a matrix to monitor staff supervision and appraisal dates. We looked at the new matrix and saw the month of August 2018 was blocked out for staff appraisals but did not contain specific dates.

We looked at individual staff training records which showed some staff had completed a range of training sessions. These included, safeguarding, health and safety, infection control and lone working and we saw copies of training certificates in staff files. We looked at one staff member's file and noted the training had been completed prior to commencing work for Harmony Supported Living Limited. We looked at the registered provider's training policy to verify the time frames for refresher training but this was not included in the policy nor on the staff training records. We asked the operations manager about these concerns who told us they were looking at providing on-line refresher training. They further told us staff were responsible for booking and attending training. However, they recognised more management oversight was required. This meant people may be cared for by staff who had not maintained their skills.

We concluded staff were not given the opportunity to received appropriate support, training, supervision and appraisal. This is a breach of regulation 18 (2); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their induction training. One staff member told us they completed an initial 16-week probationary period which included completion of training, shadowing more experienced staff to build confidence and being introduced to the people they would be supporting. Staff could monitor their process via an induction check list and we saw evidence of these in the recruitment files we looked at. This provided an opportunity for staff to develop their understanding of the individual, their needs and how best to support them.

Staff new to the organisation and to a care role were required to complete the Care Certificate. The Care Certificate is a standardised programme of knowledge designed to ensure staff have a good knowledge of all the essential standards for their daily caring role. At the time of our inspection no members of staff were completing the Care Certificate.

We asked the nominated individual and operations manager how they ensured people's care and support was delivered in line with current legislation, standards and evidence based guidance. They told us they regularly looked at a variety of websites, including the Care Quality Commission (CQC) and attended the local authority provider meetings. They further told us they worked closely with the community mental health teams and care co-ordinator teams.

People prepared their own meals with staff support if required. One person told us, "Staff help me to buy food. I generally eat what I want." A staff member described a recent Sunday roast dinner cookery day that been held in the communal kitchen for people who used the service. They further told us, "It had been a new initiative. It was a great social activity which everyone seemed to enjoy." We saw success of the event was discussed by staff and management in the staff meeting minutes from June 2018 we looked at.

People were encouraged and supported to have access to health care services. We saw referrals were made to other health care professionals such as GPs, podiatrists and community mental health teams and people were supported with making or attending appointments if required. This meant people received additional health care support when appropriate.

People's involvement in all decisions and signed consent was evidenced throughout the documentation. We saw various consent forms in the care records we looked at which had been signed by the person receiving the support. For example, one person had signed consent relating to medication support, managing their own budgets and sharing information with healthcare professionals.

Staff told us they supported people's right to choice and sought verbal consent before providing care and support. We heard a member of staff ask one person, "Do you want help with that, mate?" This meant people were asked for their consent prior to support being provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The operations manager and staff we spoke with demonstrated an understanding of the MCA and spoke about what this meant for the people they supported. Staff respected people's right to make unwise

decisions. One person told us, "I come and go as I please." Another person said, "I'm not restricted. I can go out when I want." One staff member told us, "People are deemed as being capable to make decisions which effect their lives no matter what that decision consequence is."

Good

Is the service caring?

Our findings

People who used the service and a relative we spoke with told us they felt staff were kind and caring. Comments included, "Staff are very good. Very caring and very supportive", "Staff are helpful", and "They're really good, really kind and helpful." A relative of someone who used the service said "[Name] is very happy here." These comments demonstrate people who use the service valued the caring relationships they shared with the staff who supported them.

We observed interactions between staff and people who used the service throughout our inspection. There was a lot of laughing and friendliness observed between staff and people. We saw staff were caring and took a genuine interest in the people they supported. All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. A staff member told us, "It's lovely to see people laughing and smiling." This showed staff knew the people they supported well and listened to what mattered to the person.

We saw the registered provider had an equality and diversity policy. We asked the operations manager how they promoted an open culture in the service which was inclusive of people's choices around quality and diversity. They told us support workers received training in equality and diversity and the service focused on providing person-centred care according to the needs identified during the pre-assessment process prior to a person moving into the supported living service. We saw care support records identified religious needs. One member of staff described how religion was important to a person they supported and stated they gave the person the opportunity to attend a religious place of worship.

We looked at two care plans and saw these contained a support agreement, signed by the person in receipt of the care package. The support agreement detailed what people could expect from the service being provided, for example, having their dignity, privacy and confidentiality maintained and being treated with respect. This showed the service had clear standards of behaviour they expected staff to meet.

People's confidential information was securely stored in a private office. Staff we spoke with knew the importance of maintaining people's confidentiality. For example, one staff member told us, "It's important not to be overheard when providing support or discuss people's private issues." This meant people's confidentiality was maintained.

People who used the service told us they had choice and control over their care and support. We observed staff supporting people to decide what to eat and drink, what activities to do and how to spend their time. Some people told us they managed their own medicines with the support from staff. One staff member said, "It's about giving choices, asking someone, rather than just assuming."

People were supported to retain their independence and encouraged to learn life skills. A staff member told us, "It's important to promote people's independence by encouraging people to do things themselves." They further told us care work was about providing the right support to enable people to grow in confidence and develop life skills. Another staff member described how they would encourage people to carry out tasks

for themselves by being supportive and friendly. This showed the person's wishes for their individual support needs and independence was respected.

Relatives and visitors were welcomed and able to visit people without being unnecessarily restricted. Staff told us the people they supported had visitors at the home. A relative said they visited on a regular basis and were always made to feel welcome by everyone.

Requires Improvement

Is the service responsive?

Our findings

People provided positive feedback about the support staff provided. One person told us, "They're really nice people. Especially [Name]." Another person said, "It was a relaxed atmosphere." A relative told us, "Staff do a very good job. We couldn't ask for more support."

Staff spoke positively about working for Harmony Supported Living. A member of staff told us, "I feel we offer a good quality service. We are a bonded team and work together to achieve positive outcomes for people. Staff support each other." They further said, "It's a lovely place to work." Another member of staff told us, "I really enjoy it here. It's a satisfying job."

We looked at the care records for two people who used the service and saw these contained information about people's current health needs and previous medical history, medicines, support needs and person-centred information about people's personal preferences, likes and dislikes. We saw consent forms to share information signed by the person receiving support. For example, both care plans we looked at contain a signed medication consent form by the person receiving the support.

We saw people's support plans were last reviewed in June 2017. We asked a member of staff how they kept up to date regarding people's changing needs. They told us manager's updated staff regarding people's needs and support requirements at team meetings and we saw examples of this in the meeting minutes we looked at. Reviewing records and recording changes helps to ensure care support plans are up to date and reflect people's current needs to enable action to be taken if appropriate. This meant people were at risk of not receiving support in line with their current needs as care support plans were not updated.

People who used the service were supported to engage in different activities and interests. One person we spoke with said, "I walk into town and eat at [food outlet]." Another person told us they were a keen football supporter and liked to watch football on TV. A third person said they liked to going walking. A member of staff who we spoke with knew the person liked to walk and told us they supported them in this activity. They further told us they were looking at organising a walking group to encourage all people who used the service to go out walking together. This meant people had access to a range of activities which they enjoyed.

People were supported to maintain relationships with people that matter. A relative described how their relative was supported to meet with them and other family members on a fortnightly basis to have lunch at a food outlet in town. This meant people were supported to maintain contact with people who were important to them.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires organisations to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if they need it. We spoke with the nominated individual and operations manager

who stated they were not familiar with the AIS however, they would review the guidance and ensure measures required were put in place. We will check that this has been progressed at the next inspection.

People were supported to use technology. The service enabled people to access a wide range of technology information by providing free access to 'Wi-Fi'.

The service had a complaints policy. We noted there were no formal complaints at the time of the inspection. The registered manager told us they had not received any complaints regarding the service and would address people's concerns immediately as they arose. A person told us, "Yes. I'd complain to [Name]." We asked a relative of a person using the service if they knew how to make a complaint and they told us, "Yes. I know how to make a complaint. I'd speak with [Name]."

We found care plans contained very limited information regarding person centred end of life wishes. We saw the registered provider had an 'end of life' policy in place. At the time of our inspection no one was receiving end of life care. Minutes from the staff meeting in April 2018 evidenced one person had expressed an interest in making end of life arrangements and we noted they were being supported by staff appropriately.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and a relative told us they thought Harmony Supported Living was well-managed and gave positive feedback about the nominated individual and operations manager. One person said, "[Name] is a good person. Really good. Really approachable." A second person said, "The manager is a decent [person] to talk to." A relative told us, "There are no problems at all." They further explained how staff were skilled at understanding their relative's needs.

Records showed audits for monitoring the safety and quality of the service had not been undertaken during 2018. From our discussions with the nominated individual and operations manager, it was clear they cared about the people the service supported and the staff they employed. We asked them how they assessment and monitored the quality of the service people received. They acknowledged this was an area that required significant improvement. Having oversight of the service quality through the establishment of processes and systems to monitor and audit is a key part of ensuring effective and efficient management.

As discussed earlier in this report, at this inspection we identified concerns around recruitment, medicines administration and recording, supervision and appraisal. None of these issues had been identified by audit. This meant the registered provider lacked oversight in areas of the supported living service.

People and their relatives had not been asked to feed back about the service since February 2017. Meetings and surveys are an important part of a registered provider's responsibility to provide people with an opportunity to share their views about the service being provided and ensure information about the service is disseminated appropriately. We raised our concerns to the operations manager who told us their plans to reintroduce meetings with people who used the service and their relatives every four to six weeks to fall in line with when staff meetings were held. This meant the registered provider did not have robust systems and processes in place collate feedback and drive service improvement.

These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual and operations manager was responsive to feedback. The operations manager provided an action plan on the day of inspection which included medication, human resource and staff files, supervisions and appraisal, service user files, training and development, financial audit and health and safety. We noted all actions were required to be completed by 20 August 2018. We will check that this has been progressed at the next inspection.

Staff told us they felt supported and the managers listened to them. Comments included, "The managers are very approachable", "It is a good organisation to work for" and "I really enjoy it here."

Staff attended regular team meetings; minutes showed they had discussed people's needs, staff ideas to enhance the social experience for people who used the service, for example, movie nights and football matches. Staff meetings are an important part of the registered provider's responsibility in monitoring the

service and coming to an informed view as to the standard of care for people.

The registered provider is required to have a registered manager as a condition of their registration. The previous registered manager had left the service in March 2018 and there was not a registered manager in post on the day of our inspection. However, an application for registration had been submitted to us by the nominated individual.

The nominated individual and operations manager told us they operated an open-door policy and welcomed any feedback from people, relatives and staff. Staff confirmed they would have no hesitation in raising concerns with either manager. We found the atmosphere at the service was warm and friendly. We observed interaction between staff and people with friendly banter heard throughout the inspection. Staff seemed relaxed around people and people appeared happy.

The registered provider worked in partnership with community mental health professionals, police community officers and care co-ordinators to meet people's needs and improve the quality of the service. The operations manager told us they were committed to continuing strong links with the local community. They gave an example whereby people who used the service attended a luncheon club once a month. They further told us people were encouraged to lead a happy and fulfilled life by building trust, social skills and being supported to feel confident in the community.

Under the Care Commission (Registration) Regulations 2009 registered providers had a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents and changes to the service. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was displayed in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all aspects of medicines management were safe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found issues with record-keeping, audit and management oversight at the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment was not always safe.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received refresher training, supervision, appraisal or observational assessments of their performance.